



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket No. (Optional) <b>204552022100</b>	
In re Application of <b>Yasuaki HIRANO</b>			
Application Number <b>10/052,519</b>		Filed <b>January 23, 2002</b>	
For: <b>NONVOLATILE SEMICONDUCTOR MEMORY DEVICE CAPABLE OF PREVENTING OCCURRENCE OF LATCH-UP (AS AMENDED)</b>			
Art Unit <b>2818</b>		Examiner <b>Hoai V. Ho</b>	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ <b>420.00</b>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number **03-1952**.

~~I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to the submission in duplicate.~~

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number \_\_\_\_\_

☒ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) **28,055**

November 24, 2003  
Date

(703) 760-7743  
Telephone Number

\_\_\_\_\_  
 Signature  
**Barry E. Bretschneider**  
 Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

<input type="checkbox"/> Total of <u>1</u> forms are submitted.
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